Case Number:	CM15-0010167		
Date Assigned:	01/27/2015	Date of Injury:	07/11/2004
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old female, with a reported date of injury of 07/11/2004. The diagnoses include chronic pain, cervical radiculopathy, musculoligamentous strain of the cervical spine, disc protrusion at C4-5 and C5-6, bilateral shoulder impingement syndrome, and acromioclavicular joint osteoarthritis. Treatments have included an MRI of the cervical spine on 04/10/2007, oral medications, and physical therapy. The pain medicine re-evaluation report dated 12/08/2014 indicates that the injured worker was in moderate distress. The physical examination showed spinal vertebral tenderness in the cervical spine at C5-7, tenderness upon palpation at the bilateral trapezius muscles, moderately limited range of motion of the cervical spine due to pain, significantly increased pain with flexion, extension and rotation; and intact sensory examination in the bilateral upper extremities. The treating physician requested clonidine 0.1mg #30. The rationale for the request was not included in the medical records. On 12/17/2014, Utilization Review (UR) denied the request for clonidine 0.1mg #30 with one (1) tablet every eight (8) hours. The UR physician noted that there was no documentation of a diagnosis of high blood pressure, no documentation of the injured worker's blood pressure values or effectiveness from the previous use of clonidine. The MTUS Chronic Pain Guidelines and the Non-MTUS www.rxlist.com were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Clonidine 0.1mg 1 Q 8 Hours #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation http://www.rxlist.com/catapres-drug/indication-dosage.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Medically supervised opioid withdrawal during treatment for addiction, Authors: Michael F Weaver, MD, John A Hopper, MD Section Editor, Andrew J Saxon, MD Deputy Editor, Richard Hermann, MD. Disclosures: Michael F Weaver, MD Nothing to disclose. John A Hopper, MD Nothing to disclose. Andrew J Saxon, MD Grant/Research/Clinical Trial Support: Alkermes [opiod use disorder, cocaine use disorder (naltrexone extended release)]; ReckittBenckiser [opiod use disorder, cocaine use disorder (Buprenorphine/Naloxone)]. Speaker's Bureau: ReckittBenckiser [opiod use disorder (Buprenorphine/Naloxone)]. Richard Hermann, MD Employee of UpToDate, Inc.

Decision rationale: Yes, the request for clonidine (Catapres) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon the attending provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of pharmacotherapy. While page 38 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that clonidine can be employed to treat complex regional pain syndrome, the MTUS does not specifically address the topic of usage of clonidine to treat opioid withdrawal symptoms, the purpose for which clonidine was employed here. As noted in the comprehensive survey of the literature performed by uptodate.com, clonidine may decrease withdrawal symptoms in applicants taking low dosages of opioids. Here, the attending provider stated that the applicant was unable to detoxify off of opioids of his own accord. Usage of clonidine to facilitate the applicant's weaning off of opioids, thus, was indicated here. Therefore, the request was medically necessary.